



## EMPLOYMENT DESIRED

POSITION APPLYING FOR: \_\_\_\_\_

Hours Available: \_\_\_\_\_ Number of Months \_\_\_\_\_  Full-Time  Part-Time  Temporary

Annual Salary Requirements: \_\_\_\_\_ Date Available for Employment: \_\_\_\_\_

If currently employed, termination notice you must give to present employer: \_\_\_\_\_

### How did you become aware of this position?

Newspaper  Walk-in  Friend  Other: \_\_\_\_\_

PLEASE SPECIFY

## EDUCATION

Education Level	School Name and Location	Years Attended	Diploma or Degree	Subjects Studied
HIGH SCHOOL				
COLLEGE				
POST-GRADUATE				
OTHER				

Please list special qualifications, training, licenses and skills that would assist you in performing the job applied for:

\_\_\_\_\_  
\_\_\_\_\_

Are you a Certified Police Officer or have you graduated from a Policy Academy recognized by MCOLES?

Yes  No

Have you completed the EMPCO Corrections exam? \_\_\_\_\_ If so what was your score? \_\_\_\_\_

Briefly describe why you are interested in this position: \_\_\_\_\_

\_\_\_\_\_

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BEGIN WITH MOST RECENT

### EMPLOYMENT HISTORY

Company Name: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Type of Business: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Final Position: \_\_\_\_\_ Salary: \_\_\_\_\_

List main duties performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If presently employed, may we contact?  Yes  No If Yes, telephone with area code: \_\_\_\_\_

Company Name: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Type of Business: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Final Position: \_\_\_\_\_ Salary: \_\_\_\_\_

List main duties performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If presently employed, may we contact?  Yes  No If Yes, telephone with area code: \_\_\_\_\_

Company Name: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Type of Business: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Final Position: \_\_\_\_\_ Salary: \_\_\_\_\_

List main duties performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If presently employed, may we contact?  Yes  No If Yes, telephone with area code: \_\_\_\_\_

Company Name: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Type of Business: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Final Position: \_\_\_\_\_ Salary: \_\_\_\_\_

List main duties performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If presently employed, may we contact?  Yes  No If Yes, telephone with area code: \_\_\_\_\_

Have you ever been suspended or discharged from employment?  Yes  No

If yes, please explain: \_\_\_\_\_

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## REFERENCES

**GIVE THE NAMES OF THREE (3) PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

Name	Address	Telephone	Business	Years Acquainted

I hereby represent that all information now or hereafter given by me in support of my application for employment is true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior employment record, education and credit history. I grant permission to the County of Houghton to obtain employment, education and credit history information concerning my general reputation, character, conduct and work quality, and authorize any person or organization contacted to furnish information and opinions concerning any and all such matters, whether same is a matter of record or not, including a personal evaluation of my honesty, reliability, carefulness and ability to take orders from my superiors. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby release the County of Houghton and any person or organization from any and all liability which may result in furnishing such information or opinion, and from any other liability whatsoever as a result of such inquiries and disclosures, and hereby release the County of Houghton, and any person, organization or prior employer from any obligation to provide me with written notification of such disclosure; provided, however, that these releases do not prohibit the filing of a charge with the Equal Employment Opportunity Commission based on the release of such information or the failure to notify me of the disclosure of such information. I understand that employment is contingent upon this investigation and, if hired, any misrepresentation, omission or falsification of facts called for on this application shall be considered sufficient cause for my dismissal without notice at any time during my employment. I understand and agree that if, in the opinion of the County of Houghton, the results of the investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the County of Houghton may be terminated.

I further understand that the County of Houghton may perform a criminal background check, and require a medical examination by a County-designated physician (1) after I have received an offer of employment and prior to my commencement of employment duties; and, (2) during the course of my employment as required by business necessity and for job-related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation and a criminal background check. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of any such test results to appropriate County personnel, and agree that if I refuse and/or fail such tests before commencing employment, my offer of employment will be revoked, or if I refuse and/or fail such tests after being employed, my employment will be terminated.

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I AGREE THAT THIS APPLICATION IS NOT AN OFFER OF EMPLOYMENT. I AGREE THAT IF I AM EMPLOYED BY THE COUNTY OF HOUGHTON (1) THAT IF NOT COVERED BY A BARGAINING UNIT CONTACT THAT MY CONTRACT OF EMPLOYMENT IS AT-WILL AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE AT THE OPTION OF EITHER THE COUNTY OF HOUGHTON OR MYSELF; (2) THAT I WILL RECEIVE WAGES AND BENEFITS AND BE SUBJECT TO RULES, REGULATIONS, AND PERSONNEL POLICIES, AND THAT SUCH WAGES, BENEFITS, RULES, REGULATIONS AND PERSONNEL POLICIES ARE SUBJECT TO CHANGE BY THE COUNTY OF HOUGHTON AT ANY TIME WITH OR WITHOUT NOTICE TO ME; (3) THAT IN PARTIAL CONSIDERATION FOR MY EMPLOYMENT, I SHALL NOT COMMENCE ANY ACTION OR OTHER LEGAL PROCEEDING RELATING TO MY EMPLOYMENT OR THE TERMINATION THEREOF MORE THAN SIX MONTHS AFTER THE EVENT COMPLAINED OF AND AGREE TO WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY; (4) THAT MY ASSIGNED WORK HOURS MAY BE MODIFIED BY THE COUNTY OF HOUGHTON, AND, IF REQUESTED, I WILL BE REQUIRED TO WORK OVERTIME; (5) THAT THIS CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE COUNTY OF HOUGHTON AND MYSELF, AND THAT ANY AND ALL PRIOR AGREEMENTS ARE NULL AND VOID; (6) THAT THIS AGREEMENT CANNOT BE MODIFIED IN ANY WAY BY ANY DOCUMENTS PUBLISHED BY THE COUNTY OF HOUGHTON OR BY ANY ORAL OR WRITTEN REPRESENTATIONS MADE BY ANYONE EMPLOYED BY THE COUNTY OF HOUGHTON, EITHER BEFORE OR AFTER THIS AGREEMENT, EXCEPT IN A WRITTEN AGREEMENT ADDRESSED TO ME INDIVIDUALLY AND BY NAME AND SIGNED BY BOTH THE CHAIRMAN OF THE BOARD OF COMMISSIONERS OF THE COUNTY OF HOUGHTON AND MYSELF.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS AND CONDITIONS OF EMPLOYMENT.

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SIGNATURE (TYPE NAME FOR DIGITAL FORM)

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DATE

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